



PTO/SB/01 (10-01)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2949
First Named Inventor	Thomas R. Hektner
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 645,013
Filing Date	08/21/2003
Art Unit	3763
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vascular Treatment Method and Device

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

08/21/2003

as United States Application Number or PCT International

Application Number 10/645,013 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

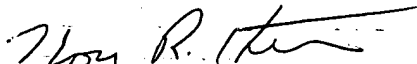
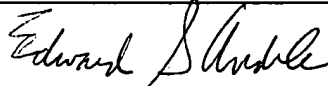
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address belowName **BECK & TYSVER, P.L.L.C.**Address **2900 THOMAS AVENUE SOUTH  
SUITE 100**City **MINNEAPOLIS** State **MN** ZIP **55416**Country **USA** Telephone **612-915-9633** Fax **612-915-9637**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name **Thomas R.**  
(first and middle [if any])Family Name **Hektner**  
or SurnameInventor's  
SignatureDate **10.13.03**Residence: City **Hamel** State **MN** Country **US** Citizenship **US**Mailing Address **825 Navajo Road**City **Hamel** State **MN** ZIP **55340** Country **US**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name **Edward S.**  
(first and middle [if any])Family Name **Andrie**  
or SurnameInventor's  
SignatureDate **10/13/03**Residence: City **Minneapolis** State **MN** Country **US** Citizenship **US**Mailing Address **2831 Benton Blvd.**City **Minneapolis** State **MN** ZIP **55416** Country **US**☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Chad				Kugler			
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Post Office Address							
City	Andover	State	MN	ZIP	55304	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Matt				Olson			
Inventor's Signature	<i>Matt Olson</i>			Date	10/20/03		
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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